



**APPLICATION FOR ENROLLMENT AS A MEDIATOR
FOR THE MULTISTATE TAX COMMISSION
ALTERNATIVE DISPUTE RESOLUTION PROGRAM**

Persons interested in qualifying as a mediator with the Multistate Tax Commission's Alternative Dispute Resolution Program should complete this application. In addition, applicants are requested to submit a resume, not exceeding one (1) page in length. It is by this submitted resume that you will be able to indicate your qualifications to be selected as the parties' mediator, if you are enrolled by the Multistate Tax Commission. The filing of this application with the Multistate Tax Commission does not constitute an acceptance of that applicant as a qualified mediator. The applicant will be notified in writing.

Please type or print clearly. Attach additional sheets if necessary. Place your name at the top of each page where indicated. Complete the certification and forward the completed application to: Dan R. Bucks, Executive Director, Multistate Tax Commission, 444 North Capitol Street, N.W., Suite 425, Washington, D.C. 20001-1538, Attn: Teresa Ruffin.

PERSONAL DATA		
LAST NAME	FIRST NAME	MI
HOME ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX NUMBER	E-MAIL
OFFICE ADDRESS (if applicable)		
CITY	STATE	ZIP
TELEPHONE	FAX NUMBER	E-MAIL

MEDIATOR APPLICATION OF _____

INSTITUTION		
ADDRESS		
CITY	STATE	ZIP
YEARS OF ATTENDANCE	YEAR GRADUATED (IF APPLICABLE)	DEGREE RECEIVED (IF APPLICABLE)
NAME UNDER WHICH ENROLLED OR DEGREE RECEIVED (if different from name used on this application)		
INSTITUTION		
ADDRESS		
CITY	STATE	ZIP
YEARS OF ATTENDANCE	YEAR GRADUATED (IF APPLICABLE)	DEGREE RECEIVED (IF APPLICABLE)
NAME UNDER WHICH ENROLLED OR DEGREE RECEIVED (if different from name used on this application)		
INSTITUTION		
ADDRESS		
CITY	STATE	ZIP
YEARS OF ATTENDANCE	YEAR GRADUATED (IF APPLICABLE)	DEGREE RECEIVED (IF APPLICABLE)
NAME UNDER WHICH ENROLLED OR DEGREE RECEIVED (if different from name used on this application)		

MEDIATOR APPLICATION OF _____

RELEVANT EMPLOYMENT, INCLUDING SELF EMPLOYMENT AND ELECTIVE POSITIONS. (See *Qualification Requirement II.B.i-vii*)

EMPLOYER		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	POSITION TITLE	DATES OF EMPLOYMENT
DUTIES/RESPONSIBILITIES PERTAINING TO STATE AND LOCAL TAXATION OF INTERSTATE AND FOREIGN COMMERCE (See <i>Qualification Requirements II.B.i-vii.</i>)		
DATES DESCRIBED DUTIES/RESPONSIBILITIES PERFORMED		ESTIMATED PERCENTAGE OF TIME DEVOTED TO DESCRIBED DUTIES/RESPONSIBILITIES

EMPLOYER		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	POSITION TITLE	DATES OF EMPLOYMENT
DUTIES/RESPONSIBILITIES PERTAINING TO STATE AND LOCAL TAXATION OF INTERSTATE AND FOREIGN COMMERCE (See <i>Qualification Requirements II.B.i-vii.</i>)		
DATES DESCRIBED DUTIES/RESPONSIBILITIES PERFORMED		ESTIMATED PERCENTAGE OF TIME DEVOTED TO DESCRIBED DUTIES/RESPONSIBILITIES

EMPLOYER		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	POSITION TITLE	DATES OF EMPLOYMENT
DUTIES/RESPONSIBILITIES PERTAINING TO STATE AND LOCAL TAXATION OF INTERSTATE AND FOREIGN COMMERCE (See <i>Qualification Requirements II.B.i-vii.</i>)		
DATES DESCRIBED DUTIES/RESPONSIBILITIES PERFORMED		ESTIMATED PERCENTAGE OF TIME DEVOTED TO DESCRIBED DUTIES/RESPONSIBILITIES

MEDIATOR APPLICATION OF _____

EXPERIENCE/ TRAINING IN ADR PROCESS <i>(See III.A. and B. of Qualifications Requirements)</i>		
JUDICIAL POSITION HELD	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
JURISDICTION/ENTITY FOR WHICH POSITION HELD		DATES HELD
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
DUTIES/RESPONSIBILITIES (If part-time, set forth estimated percentage of time devoted to resolving disputes.)		
JUDICIAL POSITION HELD	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
JURISDICTION/ENTITY FOR WHICH POSITION HELD		DATES HELD
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
DUTIES/RESPONSIBILITIES (If part-time, set forth estimated percentage of time devoted to resolving disputes.)		
PROFESSIONAL POSITION HELD (nonjudicial)	ESTIMATED PERCENTAGE OF TIME PREPARING WRITINGS ON STATE TAX ISSUES.	
EMPLOYER		DATES HELD
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
DUTIES/RESPONSIBILITIES		
PROFESSIONAL POSITION HELD (nonjudicial)	ESTIMATED PERCENTAGE OF TIME PREPARING WRITINGS ON STATE TAX ISSUES.	
EMPLOYER		DATES HELD
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
DUTIES/RESPONSIBILITIES		

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MEDIATOR APPLICATION OF _____

BACKGROUND/OTHER DATA		
LIST OF TRAINING COURSES, CERTIFICATES, ETC., IN ADR (if applicable) (See III.A of Qualification Requirements)		
LIST REPRESENTATIVE EXPOSITORY WRITINGS BY TOPIC DISCUSSED (if applicable; copies, suitably redacted, may be requested by the MTC Executive Director) (<u>See III.B of Qualification</u>)		
BRIEFLY EXPLAIN YOUR REASONS FOR SEEKING QUALIFICATION AS A MEDIATOR IN THE MTC'S ADR PROGRAM.		
HAVE YOU EVER BEEN ARRESTED OR TRIED AS A DEFENDANT FOR, OR CONVICTED OF, A CRIMINAL FELONY OFFENSE?	YES	NO
IF SO, SET FORTH THE JURISDICTION AND DATE OF EACH CONVICTION, TRIAL, OR ARREST AND AN EXPLANATION OF THE CHARGE(S) OR CONVICTION(S).		
HAVE YOU EVER BEEN CONVICTED OF A NON-FELONY CRIMINAL OFFENSE INVOLVING THEFT, EXTORTION, BRIBERY, EMBEZZLEMENT, FRAUD OR OTHER CRIME INVOLVING MORAL TURPITUDE?	YES	NO
IF SO, SET FORTH THE JURISDICTION AND DATE OF EACH CONVICTION AND EXPLANATION OF THE OFFENSE(S) FOR WHICH CONVICTED.		
HAVE YOU EVER BEEN SUBJECT TO ANY PROFESSIONAL LICENSING INVESTIGATION OR DISCIPLINARY PROCEEDING?	YES	NO
IF SO, SET FORTH FOR EACH MATTER THE TYPE OF LICENSE, JURISDICTION, A DESCRIPTION OF THE CHARGES OR MATTER INVESTIGATED, THE DATE OF THE INVESTIGATION OR DISCIPLINARY PROCEEDINGS, AND THE FINAL RESOLUTION OF THE INVESTIGATIONS OR PROCEEDINGS.		

MEDIATOR APPLICATION OF _____

PROFESSIONAL REFERENCES		
LAST	FIRST	MI
ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP
LAST	FIRST	MI
ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP
CHARACTER REFERENCES		
LAST	FIRST	MI
ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP
LAST	FIRST	MI
ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP
LAST	FIRST	MI
ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP

CERTIFICATION

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I DO NOT HAVE ANY PHYSICAL OR MENTAL CONDITION, ILLNESS OR DISABILITY THAT WOULD PREVENT ME FROM FULFILLING THE RESPONSIBILITIES OF A MEDIATOR. I UNDERSTAND THAT SHOULD I QUALIFY AS A MEDIATOR, I AM OBLIGATED TO DISCLOSE TO THE EXECUTIVE DIRECTOR OF THE MTC AND TO THE INVOLVED PARTIES, ANY CONFLICT OF INTEREST THAT I MAY HAVE OR WHICH MAY ARISE WITH ANY MATTER TO WHICH I AM ASSIGNED.

SIGNATURE OF APPLICANT

DATE